18 July 1975

MEDSIGN - PHASE II - ITEM 1

1. REFERENCES -

(a) Memorandum from MSDO/OMS, Subject: Medsign, Phase II, dated 20 June 1975.

(b) Memorandum from SSB/AD/OJCS, Subject: Medsign, Phase I, Feasibility Study, dated 10 January 1974.

(c) Memorandum from DC/AB/AD/OJCS, Subject: Medsign, Phase I, Project Proposal, dated 5 April 1974.

2. SCOPE -

Medsign Phase II, Item 1 task is a "review of whether or not the objectives established in references (b) and (c) were accomplished." The initial section of the Phase II study focuses primarily on the degree to which the current Medsign system corresponds to the requirements and design features outlined in references (b) and (c). The reference documents do not contain a list of objectives per se; therefore, a set of implicit objectives taken from references (b) and (c) has been defined in coordination with the MSDO. This section does not address utility, cost effectiveness, future modifications, user acceptance, or subjects covered under items 2 through 8 of reference (a) except where they impact on item 1.

3. SYSTEM DEVELOPMENT BACKGROUND AND GOALS -

The background leading to the current Medsign I is adequately covered in reference (b). The important facts relating to the report are: (1) Medsign is a limited effort as part of MAP which represents a small portion of the original concept as part of SIPS; (2) it is an experimental development program which was presumed to require updating and revision if proven to be of value.

4. GENERAL HARDWARE CHARACTERISTICS OF THE SYSTEM -

Medsign I consists of an input-output capability located in the OMS Registry. Appropriate administrative data

are entered via a terminal to the OJCS computer facility for disc storage in appropriate formats. These data may be recalled in various forms by access by our OMS terminal, either as a video display or by printer. Output may be initiated by using on-line time sharing or, if desired, batch processed print-out may be requested and printed directly at the OJCS facility.

5. GENERAL REQUIREMENTS OF MEDSIGN -

(a) "To provide OMS with management information so that OMS can improve the measurement of the efficiency of its medical processing of individuals, take corrective action, and measure the effects of the action."

(b) "Operational control information which will be provided to supervisory personnel to better enable them to monitor and control medical processing on an ongoing basis."

(c) (Provide) "clerical support information."

Evaluation of the above requirements will be addressed in Item 7.

6. SPECIFIC OUTPUT PRODUCTS PLANNED -

Twelve reports were identified as required:

(a) Event Duration Report
(b) Activity Summary Report
(c) Employee Mobility Report (Assignability Code)
(d) Individual Status Report
(e) Events 30 Days or More Old - Report
(f) List of New Events - Report
(g) Individual Event History Report
(h) Chart Pull List
(i) Appointment List by Day of Screening
(j) Appointment List by Doctor
(k) Disposition Report
(l) Name to SSN and Chart Number Index

The above reports are based on four main files--the Event File, Demo File, a Task File and an Action File which permits statistical studies as well as specific reports.

7. SPECIFIC OUTPUT PRODUCTS ACCOMPLISHED -

Medsign currently produces reports (a) through (i) ((h) and (i) are combined). The Disposition Report (k) was not

initiated as it would duplicate the current use of Form 259. Report (1) (Name to SSN and Chart Number Index) was not initiated due to the problem of confidentiality. Solution to this problem is under investigation. Ad hoc reports have been produced by Medsign of a special nature on several occasions. Copies of all reports are available for inspection.

8. DATA SECURITY -

Data stored in the OJCS data bank is controlled by the patient's medical file number and is therefore relatively well protected from unauthorized access. Since the problem of protection of confidentiality has not yet been resolved to permit a cross-reference file on the Medsign system, a conversion from file number to true name is carried out by hand, using a conversion table controlled by the IPS staff in the OMS Registry. This current operation is cumbersome and time consuming, negating some of the advantages of an automated system, and will be reevaluated for future modification.

9. USER CONVENIENCE AND FLEXIBILITY -

At this stage in development, it is apparent that Medsign has only limited convenience and flexibility to the user. In part this is inherent in time-shared systems with multiple users (queuing problems), access and response requirements of the users, and the limitations of one terminal which is run at present in parallel with the manual procedures. There is no apparent reason to believe that these problems cannot be partially resolved as defined in subsequent sections of this report.

10. SUMMARY -

Medsign has achieved the objectives set forth in references (b) and (c) with the exceptions noted in Paragraph 7. Specifically, hardware and software exist and reports are generated. Usefulness, accuracy, and cost effectiveness will be addressed in subsequent items of this report.

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